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RODRIGUEZ

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1. Office, Agency, or Court

Agency Name

CITY OF POMONA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: HOUSING AUTHORITY

Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☐ County of☒ City of POMONA☐ Other**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Election year ____ and office sought, if different than Part 1: ____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ **Schedule A-1 - Investments** - schedule attached☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached☐ **Schedule A-2 - Investments** - schedule attached☒ **Schedule D - Income - Gifts** - schedule attached☐ **Schedule B - Real Property** - schedule attached☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule****5. Verification**

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

Date Signed 03/27/2013

(month, day, year)

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
FAIRPLEX

ADDRESS (Business Address Acceptable)
1101 W. MCKINLEY AVE

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENTERTAINMENT/EDUCATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / / 12	\$ 50.00	FAIR PASS
09 / / 12	\$ 20.00	PARKING PASS
09 / / 12	\$ 200.00	CONCERT TICKET-2

► NAME OF SOURCE (Not an Acronym)
NHRA

ADDRESS (Business Address Acceptable)
2035 FINANCIAL WAY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SPORTS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / / 12	\$ 250.00	EVENT PASS-2
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
SCE

ADDRESS (Business Address Acceptable)
P.O. BOX 800

BUSINESS ACTIVITY, IF ANY, OF SOURCE
UTILITY/CONFERENCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / / 12	\$ 125.00	DINNER-2
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____